

# TOWARDS FUTURE PHARMACEUTICAL CARE



NEWSLETTER

SPRING 2016

Our vision for people in Scotland is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. Scotland's Health Service aims to provide safe, effective and person-centred care. There is a recognition that we need to change our health and care system to deliver this vision, adapt to changing demands and opportunities and ensure sustainability. Pharmacy can make a critical contribution to realising that change and the NHS is increasingly looking to the pharmacy workforce for an enhanced role in patient care.

The future shape of our health services is emerging through developments such as the National Clinical Strategy, the integration of health and social care services, an increased focus on the improvement of primary care services and recommendations for improving out of hours services. The contribution of pharmacists can enhance these services through making greater use of pharmacists' skills to help optimise the care of patients with long term conditions and complex medicines regimes. Appropriate pharmaceutical care\*, delivered by the pharmacist, can help reduce the potential for side effects or harmful interactions as a result of using medicines.

\*the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life (Hepler & Strand 1990)



An enhanced role for pharmacists in delivering patient facing care

## Prescription for Excellence

Prescription for Excellence, published in September 2013, signalled the way forward for NHS pharmaceutical care over the next 10 years. To date work has focused on understanding requirements, testing concepts, training and education for the clinical development of pharmacists and establishing enhanced delivery and governance arrangements to manage changes.



# Prescription for Excellence achievements include...

## Services

- Funding to deliver a range of clinics and services for NHS Boards, many focusing on polypharmacy.
- £16.2m funding for NHS Scotland to recruit up to an additional 140 full time equivalent pharmacists, with advanced clinical skills, to work directly with GP practices to support care for patients with long term conditions.

## Workforce Development

- Training for 240 pharmacist prescribers in 2015 and 180 in 2016.
- Advanced clinical skills for 600 pharmacists during 2015/16 and additional training through Teach and

Treat clinics to support learning in practice.

- Training to support prescribers in multidisciplinary practice available across 9 Boards.
- Piloting of Prescribing Safety Assessment as a means of ensuring competency for pharmacist independent prescribers.

## Technology

- Identification of eHealth system requirements to support improved access to patient information for pharmacists.
- Establishing work to evaluate the benefits to be gained from using automated technologies, particularly in the area of dispensing.

## Telehealthcare & Mobile Technologies

- A numbers of Boards piloting video conference services in a number of settings during 2016 linking

care homes, community pharmacies, GP practices, and Out of Hours GP services.

- Boards planning to introduce an acute assessment unit with other services.
- Boards exploring opportunities to deliver pharmacy video conference services.

## Patient Involvement

- The appointment of a Patient Support Officer through Health and Social Care Alliance Scotland to support patient engagement and education.
- Involvement of patients to contribute to the redesign of services.



## Andrew currently works as a locality clinical pharmacist in two rural GP surgeries.

“I have two formal clinics each week which have pre-booked appointments of 10 minutes and each clinic lasts 3 – 4 hours. Most of the patients seen in these clinics are prescribed anticoagulants (largely warfarin) and are attending for measurement of their International Normalised Ratio (INR) and adjustments of their daily dose of warfarin. Whilst testing a patient’s INR is the main purpose of the clinic, taking a holistic approach means that I can carry out medication reviews, check and discuss other parameters (cholesterol, blood pressure) and respond to requests for advice from patients.”

## Benefits to patient

“I am able to prescribe as necessary for patients having difficulty tolerating medication and therefore having poor control of their condition.

**For a patient on multiple repeat medicines who suffers from chronic pain and is prescribed 6 different preparations for pain, we were able to develop a plan to achieve a satisfactory level of pain management.”**

**“I would like to reiterate the value of our practice pharmacist. He is a fantastic resource to have for supporting the medication needs for difficult to manage patients.” GP**

# Going forward

Building on the achievements of Prescription for Excellence will allow us to respond to the increased opportunities for enhancing pharmacy services. Through continued partnerships with NHS Boards, The Health and Social Care Alliance, the Royal Pharmaceutical Society, Community Pharmacy Scotland, Directors of Pharmacy, General Pharmaceutical Council, the two schools of pharmacy Health Improvement Scotland, and all other stakeholders, we will focus on developing the future vision for pharmaceutical care and services.

## Vision for Pharmacy

**'Working together to ensure every person achieves better health and social care outcomes from high quality pharmaceutical care and the use of their medicines for an improved quality of life.'**

### Goals to achieve the vision

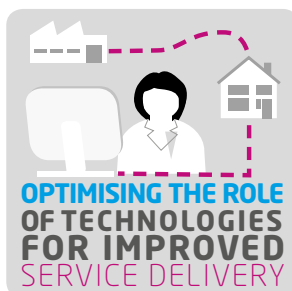
- Access to safe, flexible and responsive pharmaceutical care and services when and where required
- Pharmaceutical care designed around the needs of patients, offering the right decisions at the right time
- Informed and engaged patients
- A consistent approach to delivery across Scotland which is sustainable, flexible and resilient

### Two and a half years ago, Marion embarked on a new pharmacy technician role.

"I was based within the Enablement and Support Social Work team and my job was to build a service that would support the team with medication related issues, and carry out medication compliance assessments with people in their own homes.

All the clinical knowledge I had picked up from working in a hospital setting was very valuable. Working with experienced locality pharmacists, being present when they carry out medication reviews and getting a taste of their decision making and clinical skills has in turn enabled me to play a part in improving patient safety and outcomes as well as supporting the pharmacists in the team and maximizing efficiency.

Being in daily contact with social care workers, managers and care managers is a fantastic way to gain a lot of useful information about a person and their circumstance which can make my assessment more meaningful. I have learned a lot from working with the team, the patient focused attitude was always at the centre of their service. Supporting persons and their carers to maintain or regain independence is something that is integral to the role."





## Going forward...

**Patients** will be involved in developing services and critically our aim will be to work with patients and carers to enhance their involvement in making informed decisions about their care.

We will look to encourage the public and patients to use their community pharmacist more as a **first port of call** for minor ailments. We will continue to **integrate pharmacists and pharmacy technicians** within multidisciplinary healthcare teams. For patients with long term conditions we will ensure linked and consistent pharmacy support across the range of healthcare services they access. This will include improving linkages between community pharmacies and multidisciplinary services and improving interfaces between Secondary Care and Primary Care.

Following the recommendations of the report of the independent review of Primary Care **out of hours services**, 'Pulling together: transforming urgent care for the people of Scotland', we will also consider how best to integrate pharmaceutical care and services in response to urgent care needs.

The enhanced role of community pharmacy is likely to be an important aspect of redesigned services and we will seek to understand how **automated technologies** can release time for community pharmacists to invest in patient facing care.

Crucially, **access to patient information** for pharmacists will be required for workable person centred care and services and we will continue our eHealth programme as a priority.

We will test models of service delivery that provide **equitable access to NHS pharmaceutical care and services** for patients. Telehealthcare and mobile technologies will play an important role in supporting the delivery of care to patients in difficult to reach settings, including rural locations.

The delivery of our vision relies on pharmacy and other healthcare professionals having the necessary skills and understanding to meet patient need. We will continue to respond to implications for **the development of the pharmacy workforce**.

## What happens next?

Plans for the redesign of services will continue to be tested over the next 18 months to 2 years. During this time we will consult with patients and stakeholders on emerging considerations for service design. This will help us understand how we take forward emerging best practice for implementation.

